# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Snyder et al.

Application No.: 10/821,745 Group No.: 1611

Filed: 04/09/2004 Examiner: Ghali, Isis

For: SUSTAINED RELEASE SURGICAL DEVICE AND METHOD OF MAKING AND USING

THE SAME

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

#### AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

#### **STATUS**

2. Applicant is a small entity. A statement was already filed.

# **EXTENSION OF TERM**

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

Amendment Transmittal--page 1 of 2

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. section 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being sent via EFS to USPTO.GOV:

Date: March 1, OCLO

Mchelle Best Signature

Michelle Best

(type or print name of person certifying)

# **FEE FOR CLAIMS**

The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

|   | (Col. 1)  | (Col. 2) (Col. 3) |         |       |      |   | SMALL ENTITY |          |   |        |      |
|---|-----------|-------------------|---------|-------|------|---|--------------|----------|---|--------|------|
|   | CLAIMS    |                   |         |       |      |   |              |          |   |        |      |
|   | REMAINING | HIGH              | EST NO. |       |      |   |              |          |   |        |      |
|   | AFTER     |                   | IOUSLY  |       | SENT |   |              |          |   | ADDIT. |      |
|   | AMENDMENT | PAID FOR          |         | EXTRA |      |   | RATE         |          |   | FEE    |      |
| TOTAL   | 20        |                   | 20      | =     | 0    | х | \$           | 26.00    | = | \$     | 0.00 |
| INDEP.  | 1         |                   | 3       | =     | 0    | х | \$           | 110.00   | = | \$     | 0.00 |
| FIRST PRESENTATION OF MULTIPLE DEP. CLAIM + \$ 0.00 |           |                   |         |       |      |   |              |          | = | \$     | 0.00 |
|   |           |                   |         |       |      |   |              | TOTAL    |   |        |      |
|   |           |                   |         |       |      |   | ΑC           | DIT. FEE |   | \$     | 0.00 |

No additional fee for claims is required.

# **FEE DEFICIENCY**

If an additional extension and/or fee is required, charge Account No. 501097.
If an additional fee for claims is required, charge Account No. 501097.

Date: March 1, 2010

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